should state of OCCUPA-CORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. H UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE PLAINLY

V. S. No. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1060)	1
1. PLACE OF DEATH	11/1	
County Daves	Registration Dist. No. 1 4 2	
Village or City Kitymiller	NoSt.,	Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?	de
9119.	timas	
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (wrighthe word)	21. DATE OF DEAT 9 193 5	3
5a. If married, widowed, or dispread HUSBAND of A Married Married Talling		
(or) WIFE of John Millance William	22. I HEREBY CERTIFY, That t attended deceased the 15 1933 to Jan 9 19	from 3 ?
6. DATE OF BIRTH (month, day, and year) and h -18 74	I last saw h ev alive on Jan 9 1 1933; death	is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:45 P. m.	15 3410
S I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Date of	fonset
SAWYER, BOOKKEEPER, etc.	Hodghino Vislane 192	25:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (meath and the second last worked).		-2 -2
10. Data deceased last worked at Account 11. Total time (years)	myocarditis 19:	2 -
this occupation (manth and 193 spent in this occupation)	e ·	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) Micara 402 CO		
14. BIRTHPLACE (city or town) Wants purato		
14. BIRTHPLACE (city or town) Wante Punato	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?_	24
16. BIRTHPLACE (city or town) Bast I waw	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Accident, suicide, or homicide?	
Hand Coult ages	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) (Assistable Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CAMATION OR REMOVAL	Manner of injury	
Place Data Jan /2 ,1933	Nature of injury	
19. UNDERTAKER BLACK Sharples	24. Was disease or injury In any way related to occupation of deceased? Lo	
(Address) Slame 4/Va	If so, specify	
20. FILED//// 133 a & Banice	(Signed) (1. A. Fidler	M. D.
Registrar.	(Address) Detile W	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods JO Registration Dist. No. Af death occurred in a hospital or institution, give its NAME instead of street and number) 3 mos. ds. How long in U.S. il ol loreign birth? yrs. mos. ds. Length of residence in city or town where death occurred statement PHYSI CORD. (Usual place of abode) ff nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED. OR DIVORCED (write the word) marri (Month) classified. BINDING CT married. HUSBAND of CERTIFY That I attended deceased from 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Davs to have occurred on the date stated above 1 day, ....hrs. related causes of Importance or\_\_\_\_min. were as follows 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED OCCUPAT may back 9. Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_ 10. Oate dacaasad last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_\_\_\_ MARGIN 12. BIRTHPLACE (city or town) (State or country) HER FATI See 14. BIRTHPLACE (city or town) plain (State or country) carefully What tast confirmed diagnosis? ...... Was there an autopsy? MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicida? DEATH 16. BIRTHPLACE (city or town) Data of injury\_\_\_\_\_\_19 (State or country) Whare did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation TION Nature of injury 24. Was disaase or injury in any way related to occupation of decaasad? 19 UNGERTAKER If so, spacify Ŋ Registrar. (Addrass) nore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	ample-I		Example II	
The principal cause of dear of importance were as follo	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1003	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	LO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V	July 5,1927	Peritonitis	3 days ago
		, retro		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. I

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	00603
County of aut 1	Registration Dist. No. 170
Village or City Willow	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Elson to saw	-6
and a few and a	CA Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writeshe word)	21. DATE OF DEATH (Month) 2 193 3 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That i attended deceased from
DATE OF BIRTH (month, day, end year) Mai 20 1893	l last saw h Com alive on Aug 2 3 1933 : death is sa
A. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$130 pm.
79 10 2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	Data of once
kind of work done, as SPINNER, Labarer SAWYER, BDDKKEEPER, etc	
SAWYER, BDDKKEEPER, etc	
SAW MILL, BANK, etc	
this occupetion (month and spent in this occupetion occupetion	
AND THE LACE (ALL LACE AND ADDRESS OF THE PARTY OF THE PA	Other Contributery Cames of importence
12. BIRTHPLACE (city or town) (State or country)	Reuse Olefality
13. NAME Ceury Corawe	
13. NAME Selvery to race 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Carriet Durst  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Alwant Crawl (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place of live of lemmy Date and 24, 193	Nature of injury
19. UNDERTAKER TOWN NUMBER TEXTS (Addiess) Francisons Miles	24. Was disease or Injury in any wey related to occupetion of deceased?
20, FILED Jan 23, 1933 Her B Brown. Registrar.	(Signed) 1. 1. Carro M.  (Address) A Manifestille
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	99.44	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully -WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

11	11	63	11	1	
U	U	U	U	4	

Village or City Omacy No.  (If death occurred in a hospital or institution, give its NAME instead of a	St.,Ward
(If death occurred in a hospital or institution, give its NAME instead of a	
Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?yrs.	ds.
2. FULL NAME Mable Lama Mauis	
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR, RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe word)  Month  (Month)  (Oay)	, <sub>193</sub> 3
53. If married, widowed or divorced HUSBANO of Bolest & Habis  22.     HEREBY CERTIFY. That	attended deceased from
6. DATE OF BIRTH (month, day, and year) Office 22 - 1904 I last saw help alive on Jan 114.	19.3; death is said
7. AGE Years Months Days If LESS that to have occurred on the date stated above, at 1.30 Rm.	
28 The PRINCIPAL CAUSE OF DEATH and related causes of importation were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, AND STOCKED IN LURY SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc.	Jeu. 13-33
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	10/ mily's
10. Date deceased last worked at this occupation (menth and) spent in this occupation (menth and) occupation occupation.	
Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)  (State or country)	1431
The same of the sa	
13. NAME Fallians Collins  14. BIRTHPLACE (city or town) Survey agree Name of operation	Date of
What test confirmed diagnosis? Was	there an autopsy?
15. MAIOEN NAME Delice Physical 23. If death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIOEN NAME  23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide?  (State or country)  Where did injury occur?	
17. INFORMANT Specify city or town, count of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in INOUSTRY, in HOME, or In Plantack of the specify whether Injury occurred in Industry, in Indus	y and State) JBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL  Place The Date Date Date 1988  Nature of injury	
19. UNDERTAKER & that I has have a life so, specify	pased? 20
20. FILE 20. 15 , 1933 Q 7 Banky (Signed) A K Jidle (Address) Blacks	W M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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S & HVERRIE

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FI	URTHER ST	TATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, V

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Taprell	Registration Dist. No. / 6/
Village or City Sellysport md. 183	H. No.T. St., Ward
Length of residence in city or town where death occurredyrs,pos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Mary Edith, Hi	he
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH / 9 193.33
5a. If marriad, widowad, or divorcad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
1/ ark 1022	Jan 9 ,1933, to Jan 9 ,1933
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than	I last saw h alive on
Still harm I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date otonset
8. Trade, profession, or particular kind ot work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Still 13 om Date of Orbit
< 1/2 Industry or business In which	
SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Selbuf Aparth (Stata or country) Manual Band	
T New York	
14. BIRTHPLACE (city of town)  (State or country)	Name of operation
THE USAN	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, [9, [9, [9, [9, [9
foliated Hiller	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
17. INFORMANT (Address) Phay shart MA	Specify whether injury occurred in INDOSTRI, in NUME, of IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Asher Jack Date Dave 10, 1933	Natura of Injury
19. UNDERTAKER Aug to (Addiess) Original Control of the Control of	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED Jan 10th, 1933 Jeunnelle Statles	(Signed) AND aston M.D.
Af more blanks are needed, address State Revieway	(Addrass) Mulling Tall
U-, more transaction, address State Registrar,	eq. 1 1. Council office, Datamore, Requesting U. 3. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The same of the sa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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HERE I	١		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	11-6	150
County Garrett 9.	Registration Dist. No.	170
	No.  Fideath occurred in a hospital or institution, give its NAME instead of the course of the cours	
2. FULL NAME Wilmer It Green	1	
(a) Residence: No. Farm - Gunett Co. (Usual place of abode)	St., Ward.  If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Oey)	, 193 <b>3</b> (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFM, That	attended deceesed from
6. DATE OF BIRTH (month, dey, and year) 9an. 27 - 1920 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, and 45 m. The PRINCIPAL CAUSE OF DEATH end related causes of import were as follows:	tance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month and second in this occupation (month and second in this occupation this occupation (month and second in this occupation this occupation (month and second in this occupation (month and second in this occupation this occupation (month and second in this occupat	Ocreful Meningitis	1/2/33
10. Dete deceased lest worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)	Offier Contributory Causes of Importence:	///33
13. NAME Suinem A. Gregor  14. BIRTHPLACE (city or town) Maryland	Epilipoy	11 year
14. BIRTHPLACE (city or town) -	Neme of operation	
15. MAIDEN NAME Elizabeth Cythey	23. If death wes due to external ceuses (VIOLENCE) fill in also th	
16. BIRTHPLACE (city or town) Duary land (Stete or country)	Accident, suicide, or homicide? Dete of Inju	ry, 19
17. INFORMANT Simenle, Green, (Address)	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or in P	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Giller Cennetery Octo Jam 629, 1933	Menner of injury	
19. UNDERTAKER M. Gichbon (Address) Linguisming Mid.	24. Was diseese or Injury In eny way releted to occupetion of dec	
20. FILEO Jan 27, 1933 Leo B Brozon Registrar.	(Signed) Vaylor (Address) Socialari	in Mil

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

PLACE OF DEATH	STATE OF MARYLAND
County Wall	CERTIFICATE OF DEATH
nean 7 st not	Registration Dist. No. 168
Village or City (No / alung)	St: Ward) (If death occurred in a hospital or institu
2FULL NAME Calify	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal While Single, MARRIED, WIDOWED OR DIVORCE GUES	16 DATE OF DEATH Car 9, 1985
6 DATE OF BIRTH	17 I HENEBY CERTIFY, That I Atended the deceased from
Jan 6, 1890	128 3 to fee 7, 188 3
(Month) (Day) (Year)	that last saw he alive on 1925
7 AGE    If LESS than	and that death occurred on the date streed above, at
43 yrsmos. 3 ds. ormin.?	The CAUSE OF DEATH * was at follows:
B OCCUPATION (a) Trade, profession or	John meaning
particular kind of work / Dusc Wal	(hilotile !)
(b) General nature of industry business, or establishment in	9.
which employed or (employer)	(Duration)wrs,mosdds
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	Donation nos de
FATHER Charles Real	(Signed)
M II BIRTHPLACE OF FATHER	Address)
Z (State or country)	*State the Disase Causing Death, or, in deaths from Violent Causes tate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Shareth Glother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos. ds. State yrs mos. ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / who I Leffely	usual residence.
(Address) January The	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 10 1983 Thomas John Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registrage	, 16-W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womyrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic Example: Measles (disease valvular etc. The contributory affection need heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, W V. S. No. 1

1. PLACE OF DEATH	ZI WAK		ERTIFICATE OF DE	177
County & aret			Registration	Dist. No.
Village or City Winder	<u> </u>	(10	No. death occurred in a hospital or institution, give its NAM	St.,Ward
Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsds.
(a) Residence: No.	(Usual place	of abode)	St., Ward.	at give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED.  (write the word)	21. DATE OF DEATH	9 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22 I HEREBY CERTIF	Y That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	an 9 -	19 33	flast saw here alive on Still box	, 19; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			Stillborn	Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.				
SAW MILL, BANK, etc	11. Total ti	me (years) t in this pation	Laure not determi	ued
12. BIRTHPLACE (city or town) Vm &	ef mi	X	Other Contributory Educes of importance:	
TI 13. NAME A HA	rauf	0		
14. BIRTHPLACE (city or town)	dut 9	nd	Name of operation	Date of
(State of country)	0		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME ALL LO	June	in	23. If death was due to external causes (VIOLENCE)	fill in also the following:
16. BIRTHPLACE (city or town) 82-44	mm	040	Accident, suicide, or homicide?	Date of Injury, 19
17. INFORMANT A RATE OF A CANADA CANA		Where did injury occur?(Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) DME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Pur guern 9nd	Date far	(1/ 1993	Manner of injury	
19. UNDERTAKER Office F	Karpl	iss	24. Was disease or injury in any way related to occu	pation of deceased?
20. FILED// // 33 au	Lani	Registrar.	(Signed) A T - F (Address)	Clee M.D

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

60610

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Chronie interstitial nephritis	1921	Run over by street ear	Marie Company	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	SCEIVED	3 days ago
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County Lawrett Co	Registration Dist. No./6/
Village or City Sang Run	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Torruce May Itor	le_
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the grord)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Ralfel Hoge	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Mercy 18 - 1895	
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Horrson SAWYER, BDDKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at 11. Total time (years)	Canser of House
Doubte deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Sang Run (State or country) Farrett Co mil	Dther Contributory Canses of importance:
13. NAME Jacob R Knumel	
13. NAME faceob R Tunnel  14. BIRTHPEACE (city or town)  (State or country)	Name of operation. Date of
15. MAIDEN NAME Elin Start french	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) farful to mod	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Rapph Home (Address) Sand Ram M.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury
19. UNDERTAKER AND Sacrage.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Land S. 1933 Leumelle Statler	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis 3 days ago Cerebral hemorrhage Julu5.1927 THE PARTY Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

B ż 5a.

OCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0 1 ~
1. PLACE OF DEATH	(1)-3	. /
County Garrett	Registration Dist. No. 16	7
	NDSt,St,	mber)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Wilhelmine Jeske		
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and St	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Jan. 4th.,	193 💢
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Jeske	22. I HEREBY CERTIFO, That I attended de	eceasad from
6. DATE OF BIRTH (month, day, and year) Dec. 15-1864  7. AGE Years Months Days If LESS than 1 day,		death is said
/ 8 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  year)  11. Total time (years)  spentin this year)		
12. BIRTHPLACE (city or town) Gomerania (State or country) Germany	Other Contributory Causes of importance:	
13. NAME Johann Pittlammer		
13. NAME ohan futtlammer  14. BIRTHPLACE (city or town) (State or country)  Sermany	Name of operation Dete of What tast confirmed diagnosis? Was there an au	7
15. MAIDEN NAME Charlotte Prochl 16. BIRTHPLACE (city or town) (State or country)  Sermany	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Clara Godel (Address) accident ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Care woods to enetary being 3	Manner of Injury ————————————————————————————————————	
19. UNDERTAKER Wyn. Winterberg. (Address) Grantsville Ind.	24. Was disease or injury in any way stated to occupation of deceased?	11
20. FILED Jan. 4, 1933 a. J. Richter.	(Signed) RXXXXX Accident Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related/causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	- 40		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00613
1. PLACE OF DEATH	(131)
County Darrett	Registration Dist. No. 66
Village or City Meadow Mountain.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred 4. 2-yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Uffred John.	
(a) Residence: No. Meladow Mtw. Maryla	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male (11 f. te OR DIVORCED (write the word)	Joseenny 27 1933
5a. If married, widowed or divorcad HUSBAND of	(Month) (Mosy) (Year)
HUSBAND of CO'B:	22. I HEREBY CERTIFY, That I attended deceased from
and the same.	1930, to face 1 1933
6. DATE OF BIRTH (month, day, and year) December 7-1856	I last saw h alive on death is said
7. AGE Yaars Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
16 1 20 ormin.	were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chrise Quenalient 1929
4. Industry or business in which	m. of the
work was done, as SILK MILL, SAW MILL, BANK, etc	Mohnules
year) occupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) mary	andslerves
14. BIRTHPLACE (city or town) B. Histoger	/
14. BIRTHPLACE (city or town) 18 Minger	Name of oparation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Jeminger	23. If death was due to external causas (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stata or country)	Accidant, suicide, or homicida?
State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Meadow Mtre Date Jan 29, 1933	Nature of injury
B. O.	24. Was disaase or injury in any way raiated to occupation of deceased?
19. UNDERTAKER Company Canadem (Address) Oak Lad manual	if so, spacify
28 33 110 1 P	(Signad) 1/1 Coffee of the College M. D.
20. FILED Registrar.	(Address) Or Jacet "Mad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year
		(	

	A te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00614
	infor- state UPA.	1. PLACE OF DEATH	13
V	of CC	County Covered A	Registration Dist. No.
N	should of OCC	Village or City / A. Cakland	No. / areland St. Ward
0	= 0	(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(M	CORD. Every PHYSICIANS		le s
	te ICI	2. FULL NAME Our and bev	-acceptance.
	PHYS ct sta	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PH ret	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D.	ENT RECC TLY. Pried. Exact	4. COLOR OR RACE OR DIVORCED (write the word)  5a. 11/merried, widowed, or givorced	21. DATE OF DEATH  (Month)  (Day) 3  (Yaar)
BINDIN	RMANER X A C T I classified	HUSBAND of GILLIFE of Joseph Stee Jowdensulk	22. I HEREBY CERTIFY, That I ettended decaased from ,19,19
BI		6. DATE OF BIRTH (month, dey, end year) aw. 13, 1933	I last saw h; death is said
24	IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than 1 day,hrs.	to heva occurred on the date steted ebova, at
FOR	IS A stated proper ertific	/ /3   ormin.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
_	be sof co	8. Trade, profession, or particular kind of work done, as SPINNER.	Mo doctor Could Test
ED	print	SAWYER, BOOKKEEPER, etc.	Than In
R	should it may n back	Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Balan Lander
RESERV	-	10. Date deceased last worked at this occupation (month and spent in this	bolity with cold
RE		year)occupation	Other Contributary Causes of Importance:
	NFADING pplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) allow of alls	Influenza
E	ed.	(State or country) James M. M.	
ARGIN	UNFA supplied n terms, ee instru	13. NAMES lottes downgrmile	
M		13. NAME Step Soundermilla  14. BIRTHPLACE (city or town)	Name of operation Data of
	Ily all	State of country) for the	What test confirmed diagnosis? Wes there en autopsy?
	Wri efull in pl ant.	I 15 MAIDEN MANE of the gold every	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
	INLY, WI be carefu EATH in primportant.	15. MAIDEN NAME of the Alexander of the State or country of the State of	Accident, suicide, or homicide? Date of injury, 19
	AINLY, Id be cal DEATH y import	(State of Equality)	Where did injury occur? (Specify city or town, county and State)
		17. INFORMANT A LAND LIGHT OF CAPACITY (Address) Capacity Company	Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
=	E H H	/ batesmeel com Date an 29,1933	Nature of injury
	WRITE mation s CAUSE TION is	19. UNDERTAKER AND A LONG (Address) Calobia and A Long (Address)	24. Was disease or Injury In any way related to occupation of deceased?
Z	B.	4 1 /23 0	(Signestlia ) orver of oral then sproge
>	z	20. VILEB Registrar.	(Address) Ookland MC
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of dea of importance were as follows:	The second secon	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 8 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF DEAT plnods County Registration Dist. No. Village or d (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Oav) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Month Days If LESS than to have occurred on the data stated above, at. 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related tauses of importance or .... min. Oate of onset 8. Trada, protassion, or particular CUPATION kind ot work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, atc. may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.... NO. Date decessed last worked at on 11. Total time (years)
spont in this this occupation (month instructions occupation \_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) HER important. 15. MAIDEN NAME 23. If death was due to axtarnal causes (VIQLENCE fill in also the following: MOT DEATH, 16, BIRTHPLACE (city or town) (State or country) Jounty and State city or town, OF 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury AUSE mation Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address) \_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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Arteriosclerosis	PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 9 1933 -	July 5,1927	Peritonitis	3 days ago
	BURBAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Address)

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

(Address) Arch

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		04 6 76	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housennaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Lovorer—coat men at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, .,, etc., report specifically the occupations of persons enengineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Architect, Loborer--Coal mine, etc. Wom-Locomolice engineer, not gainfully emduties of the (3) The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-/EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrosphnu') fever (the only definite synonym is "Epidemic cerebrosphnul meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitud nephritis, death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need cough; Chronic valvular Example: Measles (disease etc. The Always qualify all heart disease, contributory Measles ; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	- WOO BEATT OUT OF SEATT
County yarell	Registration Dist. No. 162
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME Effil B Parmer  (a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Gorman School Silvers Farmus	22. I HEREBY CERT 1 FT. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Sept 9-1867	thast saw h. alive on 122 2 7 1952; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 - 72 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Castsibutery Causes of Importance:
13. NAME AUM & Ballew  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation
15. MAIDEN NAME Color & Stephens  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT ALLA Color & Stevenson	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place yrantabulle ALA Date Jan 30, 1933	Manner of Injury
19 UNDERTAKER M/m Winterling (Address) your enable 400	24. Was disease or Injury In any way related to occupation of deceased?

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	D- 11		11111111
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state CORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	00620
1. PLACE OF DEATH		(82-5)	170
County ) and and	7.45	Registration Dist. No.	
Village or City	mor (I	NDSI  f death occurred in a hospital or institution, give its NAME instead of stree	t., Ward
Length of residence in city or town wh			
2. FULL NAME SOM	ah Margret 6	harpless	
(a) Residence: No.	0	St., Ward.	
PERSONAL AND STATI	(Usual place of abode)	If nonresident give city or tow  MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	П
Semale Ishite	OR DIVORCED (write the word)	(Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	arpless	24. I HEREBY CERTIFY. That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year)	000 BAS	last saw h. Er alive on Sau 10 19	3 3 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state above, at 1:15 P. m.	A-3, death is said
74 4	2 % 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	11 01 0	were as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Hame Hork	Cerebral Thrombosis	Dec 19
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	a.		
10. Date deceased last worked at this occupation month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	2	Other Coutributory Causes of importance:  Ortario 9 eleroses	
(State or country)	(4 0 00)	Serility	
13. NAME PROME	73111000	/	
13. NAME NONE  14. BIRTHPLACE (city or town)	imanij	Name of operation Date	e of
(State of country)	Man and	What test confirmed diagnosis? Was ther	re an autopsy?
15. MAIDEN NAME	2-	23. If death was due to external causes (VIOLENCE) fill in also the following	lowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)			, 19
17. INFORMANT	Sharplesa	Where did injury occur?  (Specify city or town, county an Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE,
(Address)	vow me,	•••••••••••••••••••••••••••••••••••••••	
18. BURIAL, CREMATION, OR REMOVAL Place The Pl	Date Jan 16, 1939	Manner of injury	
19. UNDERTAKER Stha F	Sharpless	24. Was disease or injury in any way related to occupation of decease	d? No
(Addiess) Blain	2 91/20	If so, specify	
20. FIJED - 25, 1973 4	2 -4 Barriel	(Signed) A. H. Fidler	of Isa M. D
V	Registre	(Address) / Xauce 102	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	1100 000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car  Peritonitis	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

PHYSICIANS should state Exact statement of OCCUPA. CORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	"V".
County Carrell 100 0 0 0	Registration Dist, No.
Village or City Frendonlle me 1775	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Darald D. Sieler	
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CORDIVORCED (Africe the word)  The sex of	21. DATE OF DEATH 25 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Hone)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
V 02 10 10	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) May 22 1932	I last saw h; death is sald
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, atm.
3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade explanation or eastiquibe	ware as follows: no Dr. in attendance Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	90
9. Industry or business in which	the Thermona
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	-7
In Indendsville med R.F.D.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) June 14	,
13. NAME Atwer E. Sieler	
13. HAME 7 - 1 - 000 2 1 A7 Y	
14. BIRTHPLACE (city or town) Triendsville med (17. 5)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) w, va,	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 2 + Va,	Accidant, suicide, or homicide? Date of injury, 19
S (State or country) P neston	Where did injury occur?
Olive teals	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFDRMANT (Address)	open, mester many country in money of in to be to tende.
18. BURIAL, CREMATION, OR REMOVALED	Manner of Injury
Place Needer Made Jace 16 1933	
WMA 1	Nature of injury
19. UNDERTAKER / Dury	24. Wes disease or injury in any way related to occupation of deceasad?
(Address) tresselo telle Mo	If so, specify
20. FILED Law 26, 1933 Journelle Statle	(Signed) M. D.
Registrar.	(Address) Thenders yes.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 17 17 17 17 17 17 17 17 17 17 17 17 17	3 days ago
Other and the desired			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00622
1. PLACE OF DEATH	11-0
County Garrett	Registration Dist. No.
Village or City Oakland	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME andrew Samuel	Testo
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
Mark the ledevile	Month) (Oay) (Year)
5a. If married, widowed, or divorced thusband of (or) WIFE of the search	22. I HEREBY CERTOFY, That I attended deceased from
Mas, Maomi has	2 1932 to 2 1932
6. DATE OF BIRTH (month, day, and year) feet, 26 24 (856	I last saw hand alive on 1933; death is seld
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2.2
/6 // 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc	Ly formery
work was done, as SILK MILL, while of the Peace	
SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  year)  Note of the peace occupation (month and year)	
0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CAMBANIELLE MINO (State or country) Prestore Comments	
13. NAME Samuel Andie Tests  14. BIRTHPLACE (city or town) - Orange Lee	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Collevine Nanaickle 16. BIRTHPLACE (city or town). Cranesville	23. If death was due to external causes (VIOL ENCE) fill In also the following:
o 16. BIRTHPLACE (city or town). Chaneswille	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Forter J. Llds Columbus (Address) 700 Reinkand aug. Chio	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Calumbus, Chiocete James 1, 1933	Neture of injury
19. UNOERTAKER Emray Balden	24. Wes diseese or Injury In any way related to occupation of deceased?
(Address) Oak Smid md	If so, specify
1 2 33 Q Pa	(Signed)
20. FILED M. S., 1923 August Registrar.	(Address) Oar Panel mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		15	

1 4 2	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00623
infor- state UPA-	1. PLACE OF DEATH	(210 m)
	County Lavier	Registration Dist. No.
should of OCC	Village or City	No. Tingel Highway St, Ward
	(If Length of residence in city or town where deeth occurred	death occurred in a hopoital or institution give its NAME instead of street and number)  ds. How long In U.S. it of foreign birth?
ANS	000.0 94	11:000
	2. FULL NAME CAME AND	w St. Ward.
<b>144</b>	(a) Residence: No. (Usua place of abode)	If nonresident give city or town and State
AECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. ES	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Menth) (Day) (Yeer)
(2) 23 - 70	5e. If merried, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That I attended daceased from
S 1 S	(or) WIFE of	2 19 104 0 1 19 19
	6. DATE OF BIRTH (month, day, and year) Oct 3 1918	I lest sew h ; death is sald
Imped Innered C.C.	7. AGE Yaars Months Days If LESS than	to heva occurred on the date steted ebove, at
FOR IS A Stated proper	20 1 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related to ses of Importance were es follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Balana Balana
VED THIS IN PE	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data decessed last worked at this occupation (month end spent in this	77/3-
SERVE NK—TJ should it may in back	work wes done, as SILK MILL, SAW MILL, BANK, etc	multiple poctures
N Is it is		
RES NG I AGE that ions o	yaer) oc:upation	Other Castributory Causes of importence:
ARGIN RENFADING pplied. AGF	12. BIRTHPLACE (city or town)	
MARGII UNFAI supplied. n terms, see instru	(State or country)  2 13. NAME Level William	
UN uppl tern tern		Name of operation Oete of
	14. BIRTHPLACE (city or town) (Stete or country)	What tast confirmed diegnosis? Tundings Wes there an aulopsy? Do
WYTH WYTH efully in plain ant. Sant.	I 15. MAIOEN NAME Mary & Brand	23. If death was due to external causes (VIOL ENCE) fill In also the following:
in in in	16, BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Case Leaf Dete of injury 1
NLY, be ca sath mport	(State or country)	Where did Injury occur? (Specify Gily or town, county and State)
	17. INFORMANT Lewel Willison	(Specify kity or town, courty and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Menner of injury auto his tree
© 0 € 0	Place Rose Thill Cumber Joete Jan 10, 19 33	Netura of injury Broken week
-WRITE mation s CAUSE TION is	Rolford Mudellakin Co	24. Was diseesa er Injury in any wey raleted to occupation of deceesed? Do
FILEOF	19. UNDERTAKER (Address) Cumbuland Find	If so, specify
S. K.	20. FILED 1/9 1933 Q.R. 8 parken	(Signad) Ut 1, 7/alker n. D.
> Z	168 17 3/25/ Registrar.	(Address) Vrewing Ma
COPYSE	If more blanks are needed, addiess the Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish 'carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIIPI	S July 5,1927	Peritonitis	3 days ago
Out			
Other contributory causes of importance:		Other contributory causes of importance:	10.00
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR FUI	RTHER ST.	ATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH  County James of the County James	Y tat	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00624
County	state UPA	1. PLACE OF DEATH	920
Village or City, Ward Manual of steet and number)  Length of residence in city or town where deeth occurred. A grs	Z E S	County Tarretty	
Leagth of residence in city or town where deeth occurred. 3. yrs	2 2	Village or City Oakland	No. St War
2. FULL NAME. Trade of the composition of the compo	t o		
(Q) Residence: No. (Unad place of abodo)  (Free Control of State Control of State Country)  (A) Residence: No. (Unad place of abodo)  (Control place	IAN men	7 1.0 7	ll.
21. DATE OF DEATH  3. SEX  4. COLOR OR BACK  WINDERDOR DIVORCED Conference  WINDERDOR DIVORCED  WINDERDOR DIVOR	SIC:		Dst Ward
21. DATE OF DEATH  3. SEX  4. COLOR OR BACK  WINDERDOR DIVORCED Conference  WINDERDOR DIVORCED  WINDERDOR DIVOR	HY:	(Usual place of abode)	If nonresident give city or town and State
DUIGNING STATE OF BIRTH (month, day, and year)  50. If married, witchwell, or divorced that the state of the	P P P		
AND STANDARD TO STANDARD THE ST	LY.		Yau 5 1933
AND STANDARD TO STANDARD THE ST	NE N	HUSBAND of	
B A A D D D D D D D D D D D D D D D D D	A A assi	· (ar) WHE at M and M WOL	19 to 19
The Page 1 of the Court of the date stated above, at 1 of the Court of		6. DATE OF BIRTH (month, day, and year) Feb. 2. 1865	I last saw h alive on, 19; death is sal
Sind of work dome as SPINNER.  SAMVER, BOOKKEPER, etc.  SAMVER, BOOKKEP	R J	7. AGE Years Months Days If LESS than	
Sind of work dome as SPINNER.  SAMVER, BOOKKEPER, etc.  SAMVER, BOOKKEP	FO]	min.	were as follows:
HAND THE PROPERTY OF BUSINESS IN WHICH WORK WAS done, as SILK MILL.  SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year).  SAW MILL, BARK, etc.  11. Total time (years) spent in this years) spent in this years as pent in this years.  SAW MILL, BARK, etc.  12. BIRTHPLACE (city or town).  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. MAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place  Date  D	- 70	8. Trade, profession, or perticular kind of work done, as SPINNER,	77
NIGOVALINA THE CICITY of town)  State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Was there an aulopsy?  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Address)  19. UNDERTAKER  (Address)  20. FILED ON, C. 19.3.3. What  A Color of Col	VE TH Id H	Industry or business in which	Ol it is
NIGOVALINA THE CICITY of town)  State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Was there an aulopsy?  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Address)  19. UNDERTAKER  (Address)  20. FILED ON, C. 19.3.3. What  A Color of Col	K-K-hou	SAW MILL, BANK, etc	ound that proposadities.
NIGOVALINA THE CICITY of town)  State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Was there an aulopsy?  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Address)  19. UNDERTAKER  (Address)  20. FILED ON, C. 19.3.3. What  A Color of Col	ESI IN E s on on	and appropriate (additional total and the should the should be sho	
Name of operation.  Date of  What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide? Date of injury occur?  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED ON, 933  A COURT OF MAIL  (Address)  A COURT ON MAIL  (Address)  M. M. (Address)  A COURT ON MAIL  (Address)  M. (Address)	R. NG AG that the ions	On It.	Other Contributory Canses of Importance:
Name of operation.  Date of  What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide? Date of injury occur?  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED ON, 933  A COURT OF MAIL  (Address)  A COURT ON MAIL  (Address)  M. M. (Address)  A COURT ON MAIL  (Address)  M. (Address)	IN ADI		
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23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury.  Specify whether injury occur?  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Accident, suicide, or homicide?  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Menner of injury.  Nature of Injury.  19. UNDERTAKER  (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. Registrar.  (Address)  M. Registrar.  (Address)  M. Carlier M.	MA Ul sup n te ee i	14. BIRTHPLACE (city or town)	Name of operation Date of
23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of injury.  Specify whether injury occur?  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Accident, suicide, or homicide?  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Menner of injury.  Nature of Injury.  19. UNDERTAKER  (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. Registrar.  (Address)  M. Registrar.  (Address)  M. Carlier M.	IIIy slain	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  17. INFORMANT M.	W W efu	I 15. MAIDEN NAME Mayour	23. If death was due to external causes (VIOLENCE) fill In elso the following:
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  17. INFORMANT M.	car riff	16. BIRTHPLACE (city or town)	
(Address)  18. BURIAL, CREMATION, DR REMOVAL Place  Date  Da	IN I IN	7000 - 701 - 4. 1 m 7160 0 8	(Specify city or town, county and State)
Place Carca. Date 201 10, 1933 Nature of Injury.  19. UNDERTAKER 201 10 10 10 10 10 10 10 10 10 10 10 10 1	LA uld		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Address)	Sho Sho S VC	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Address)	SE IN	Place Date Date 10, 1923	Nature of Injury
Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	HOBI		24. Was disease or injury In any way related to occupation of deceased?
Aces Registrar. (Address) - Qolcland Mad	0	The state of the s	7 4 7
	» ×	The state of the s	0.40

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RUEBAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANT RECORD WITH UNFADING INK-THIS IS A PERMA LAINL WRITE

MARGIN RESERVED FOR BINDING

V. S. No. I

1PLACE OF DEATH	STATE OF MARYLAND			
County James	CERTIFICATE OF DEATH			
0, 1 -00	Registration Dist. No. 162			
Village or City Transported	St: Ward) (if death occurred in a hospital or institution, give its NAME in-			
2FULL NAME Jaul God	stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male White Western Grant (Write Western Grant Control of Control o	16 DATE OF DEATH 28 , 19 <b>33</b> (Month) (Day) (Year)			
6 DATE OF BIRTH  Jau 17, 1933.  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1933 to 28, 1933, that I last saw have alive on 24 26, 1933,			
7 AGE   If LESS than   1 dayhrs.	and that death occurred on the date stated above, at 4.0. A.m. The CAUSE OF DEATH * was as follows:			
s occupation (a) Trade, profession or particular kind of work	Premature infant about			
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Splic Purulent Parolilis Secondary			
10 NAME OF FATHER LINION L Joles	(Signed) (Address) Meyersdall			
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of Mother Lydia Joseph	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds,			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) Nogh Torachy	Former or usual residence			
(Address) Lahobury Ja	Northn Date of Burial OR REMOVAL Paut 9, 19			
Filed Jan 27 1903 674 Quelle Registrar	20 UNDERTAKER Monno Hurchbryn Jraus will			
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewise, Housework, or At Home, and children, not gainfully emer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ChronicExample: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l qu stions snswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.